



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

May 2, 2014

Public Health & Emergency Preparedness Bulletin: # 2014:17 Reporting for the week ending 04/26/14 (MMWR Week #17)

CURRENT HOMELAND SECURITY THREAT LEVELS

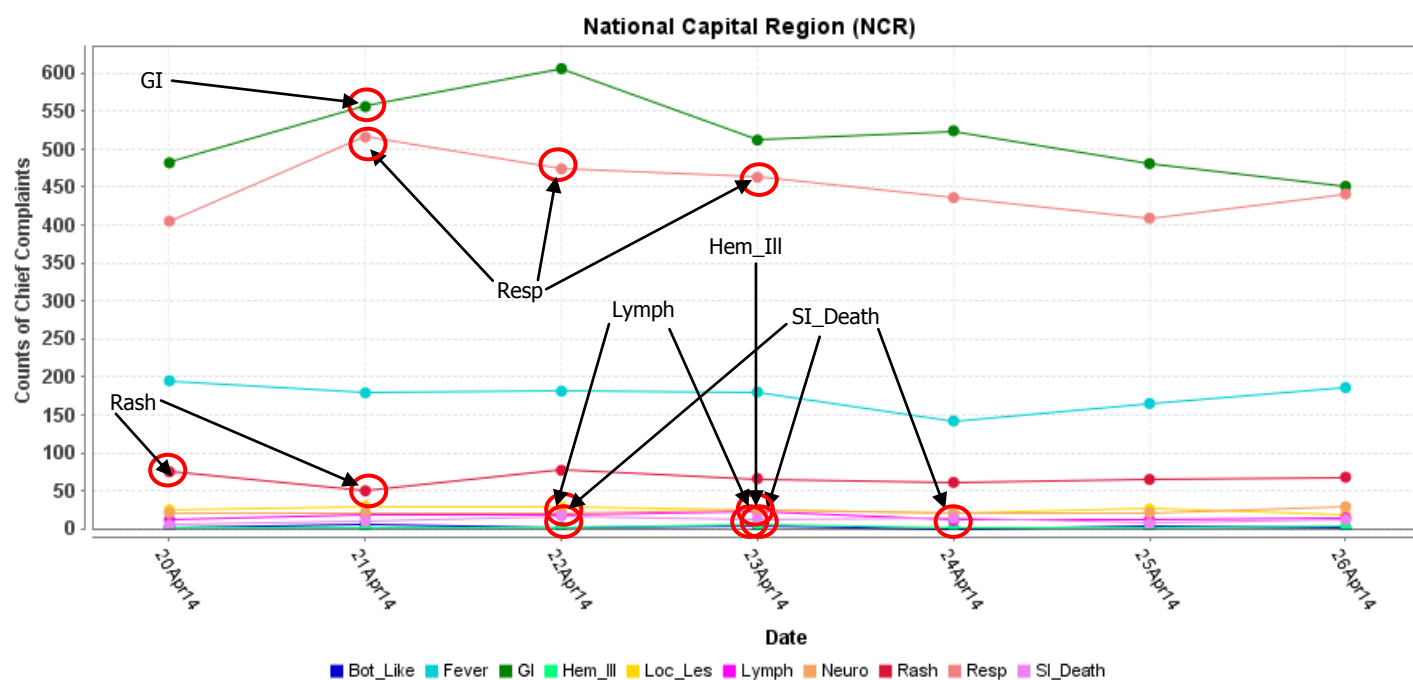
National: No Active Alerts
Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

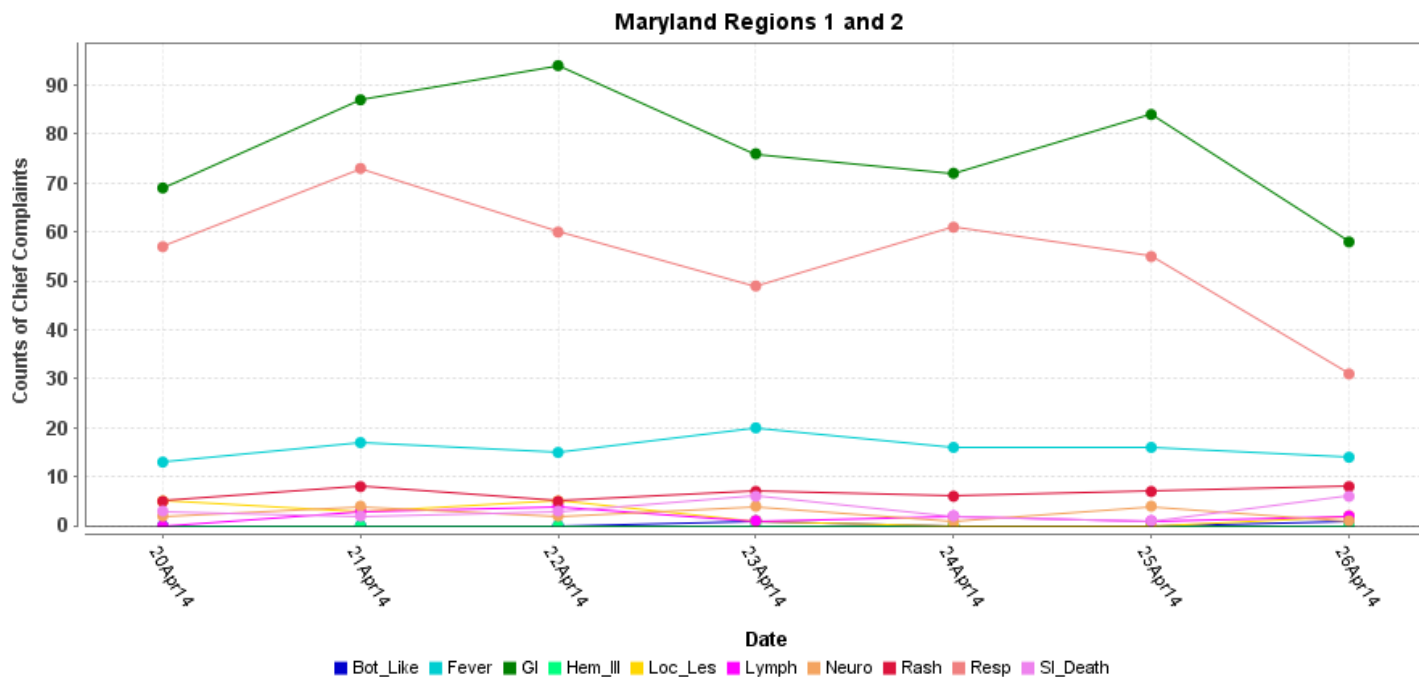
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

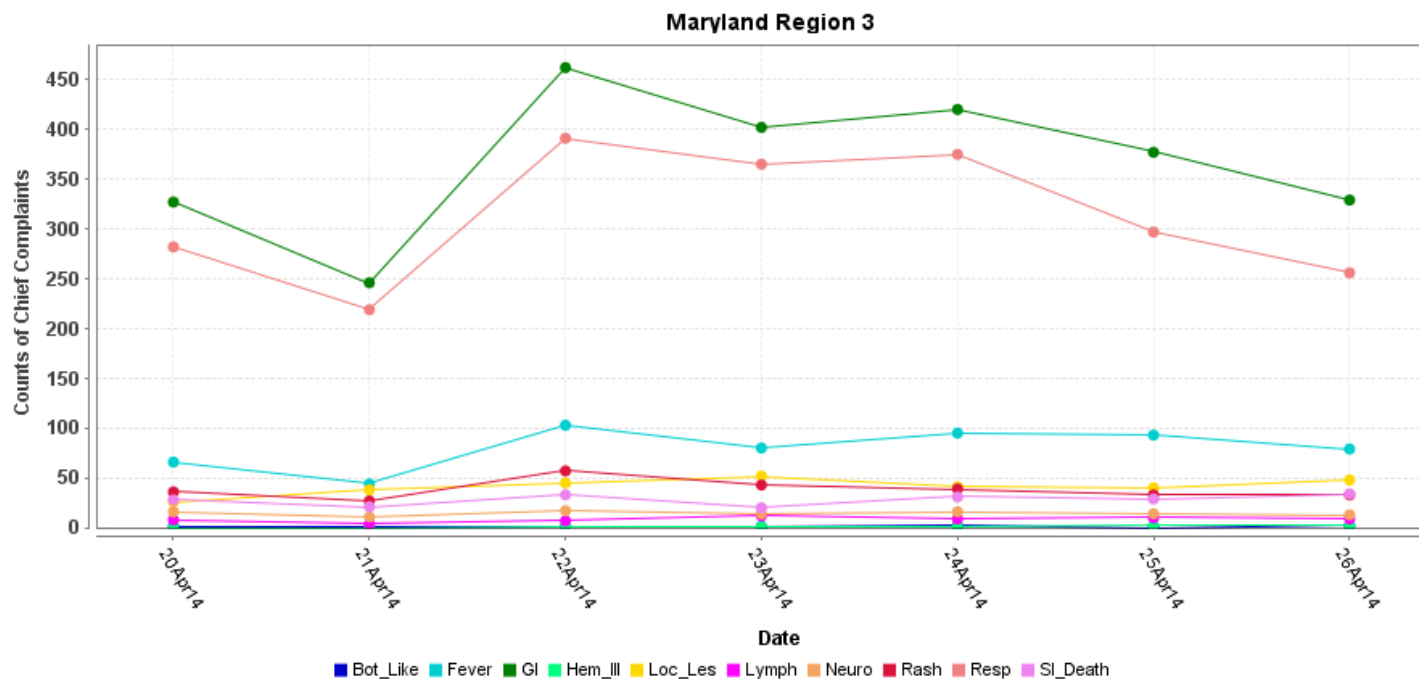


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

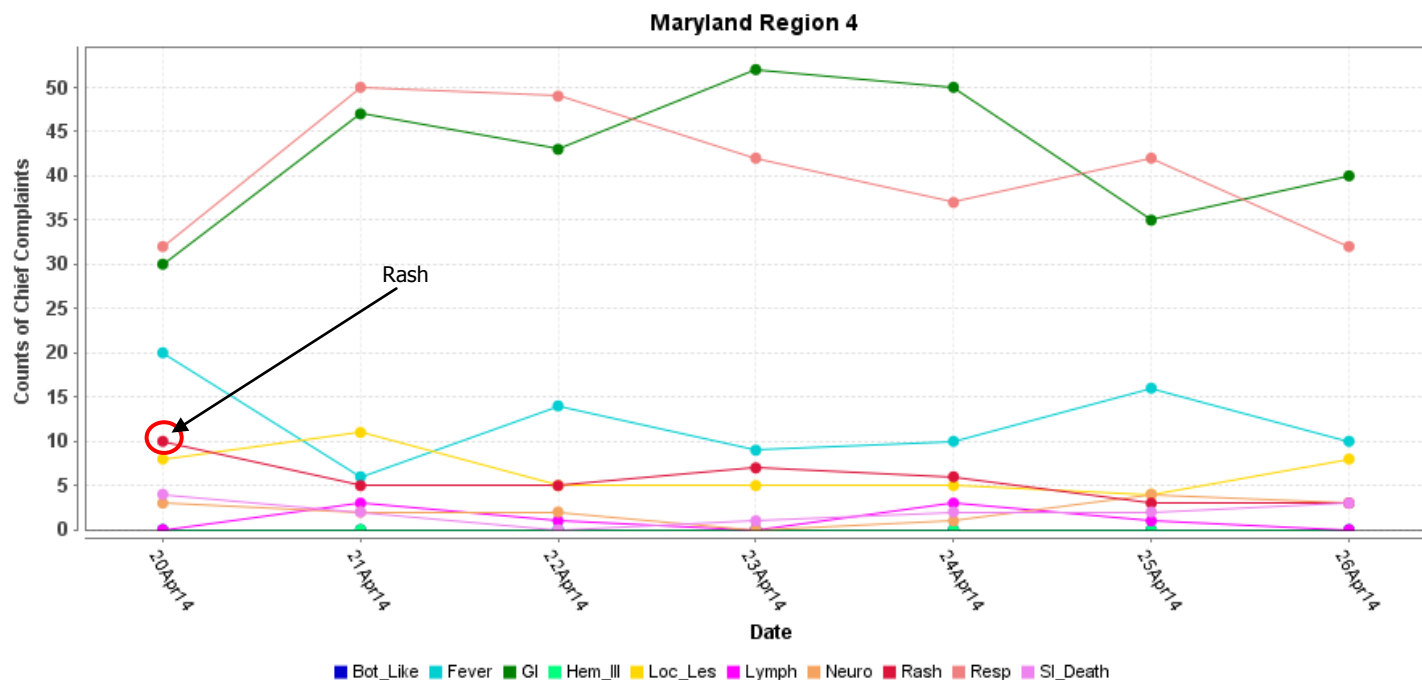
MARYLAND ESSENCE:



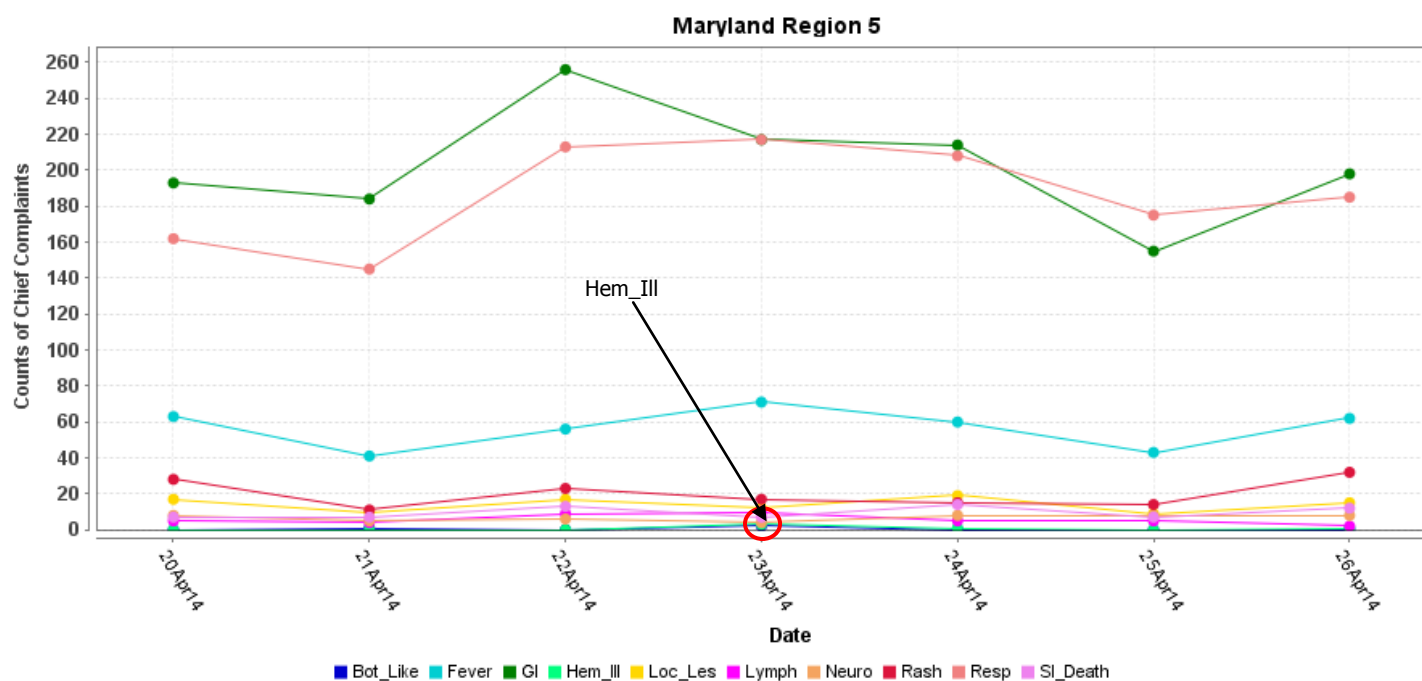
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

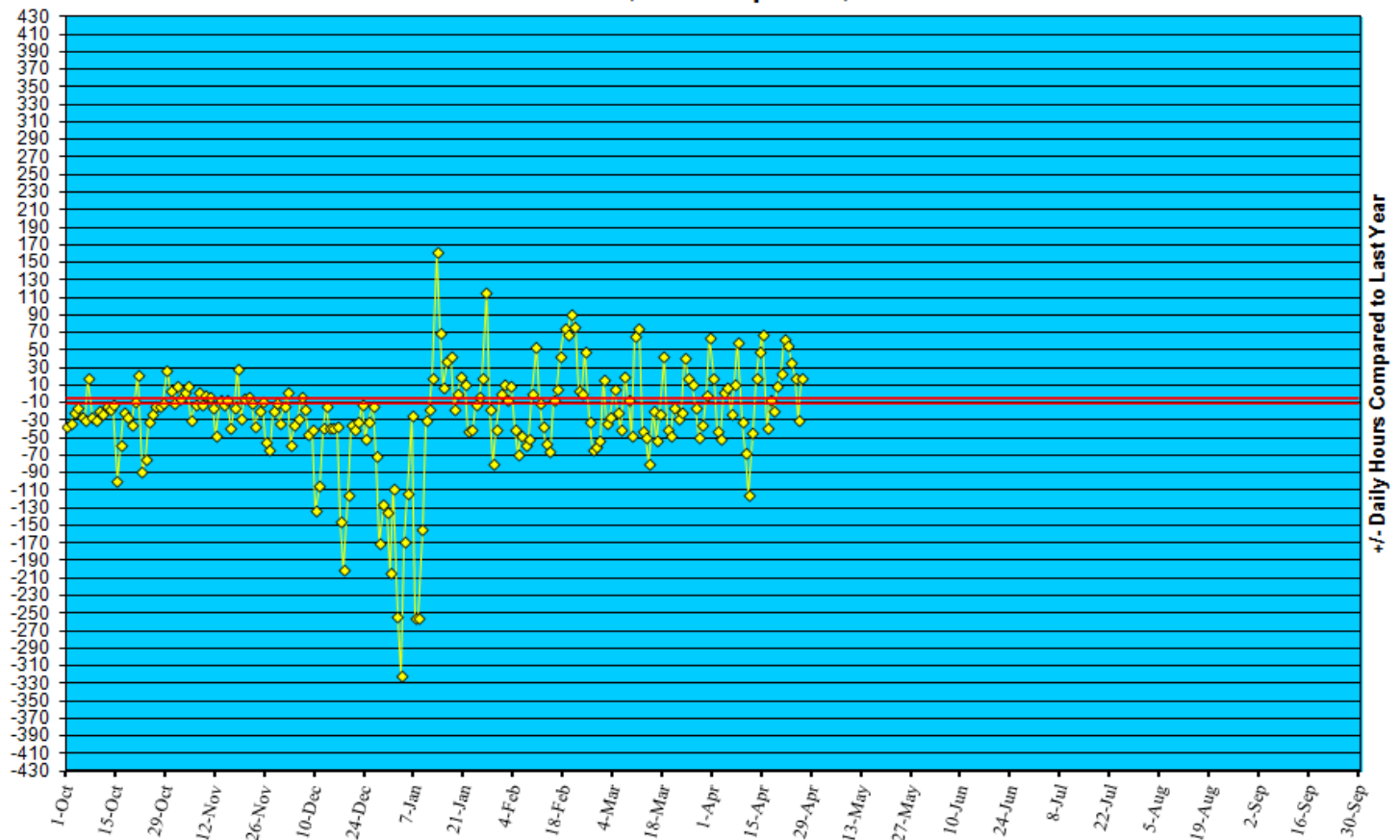


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '13 to April 26, '14



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in March 2014 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

| Meningitis: | <u>Aseptic</u> | <u>Meningococcal</u> |
|--|-----------------------|-----------------------------|
| New cases (April 20 - April 26, 2014): | 8 | 0 |
| Prior week (April 13 - April 19, 2014): | 5 | 0 |
| Week#17, 2013 (April 21 - April 27, 2014): | 6 | 0 |

4 outbreaks were reported to DHMH during MMWR Week 17 (April 20-26, 2014)

3 Gastroenteritis Outbreaks

2 outbreaks of GASTROENTERITIS in Nursing Homes

1 outbreak of GASTROENTERITIS in a Hospital

1 Foodborne Outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

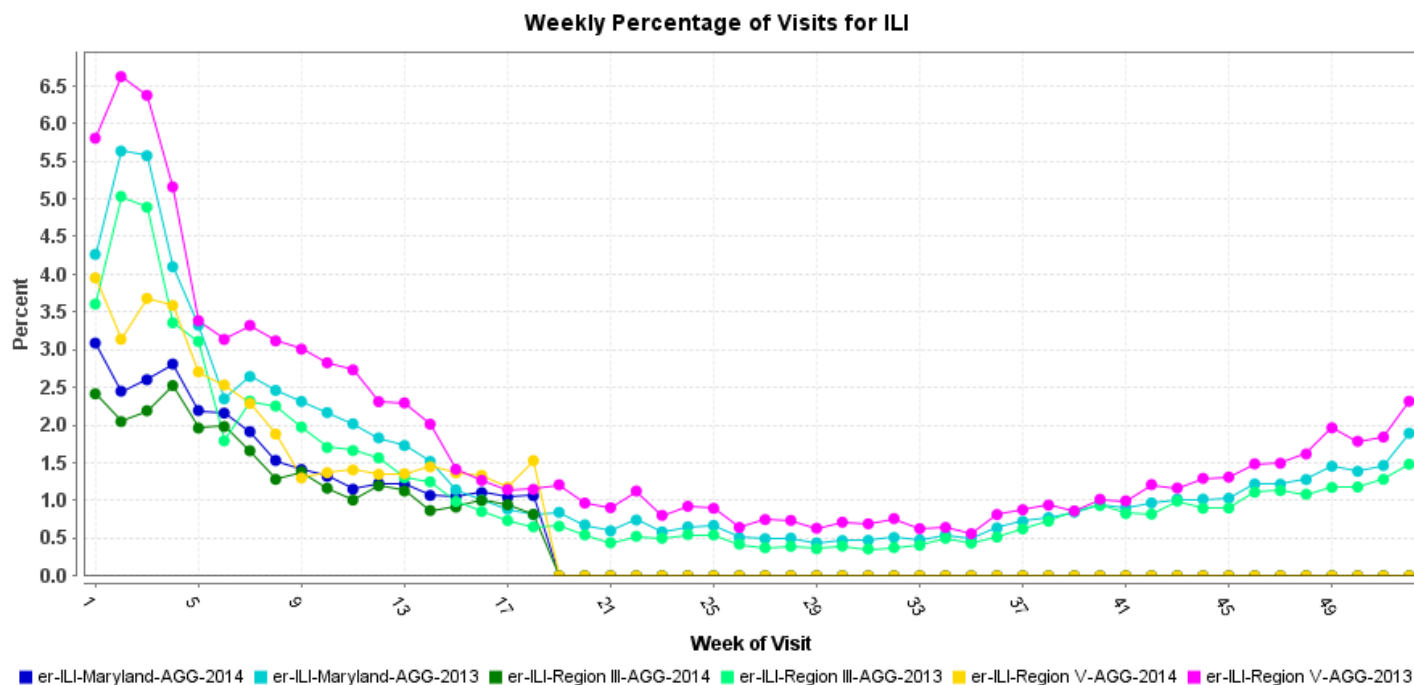
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 17 was: Local with Minimal Intensity.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

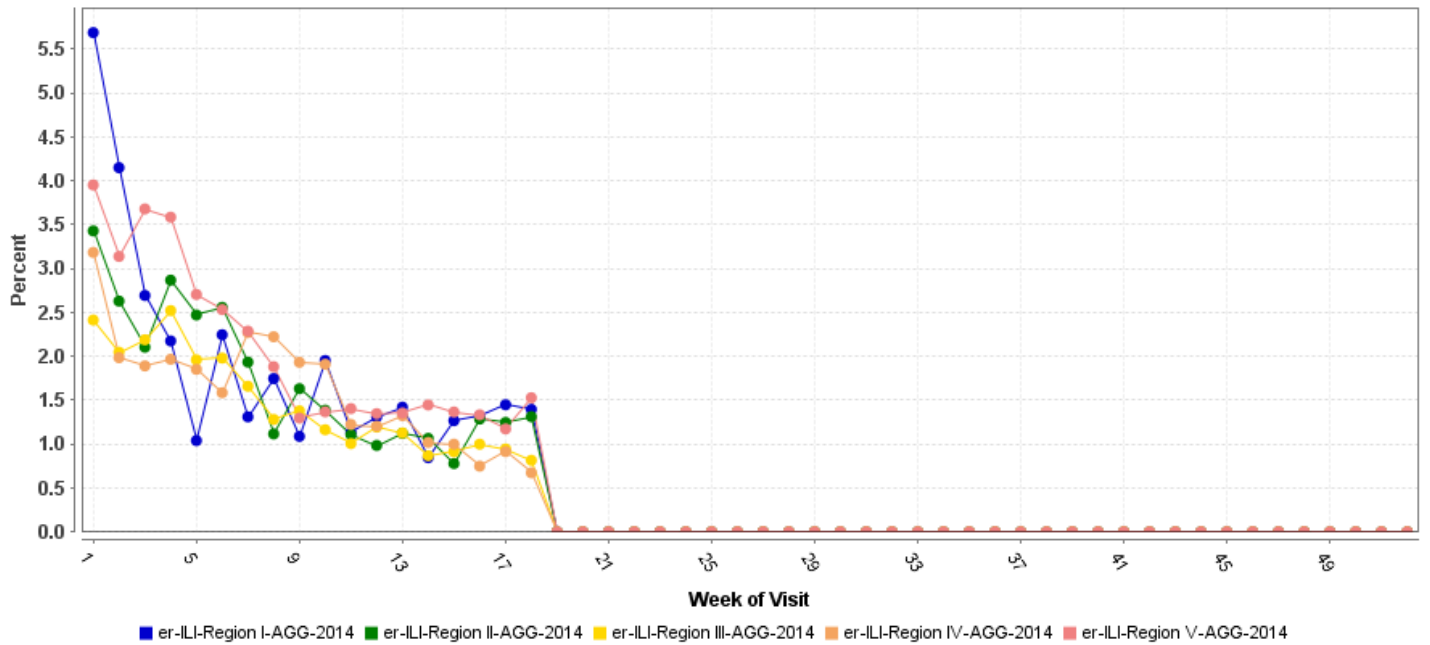
Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



* Includes 2013 and 2014 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total

Weekly Percentage of Visits for ILI

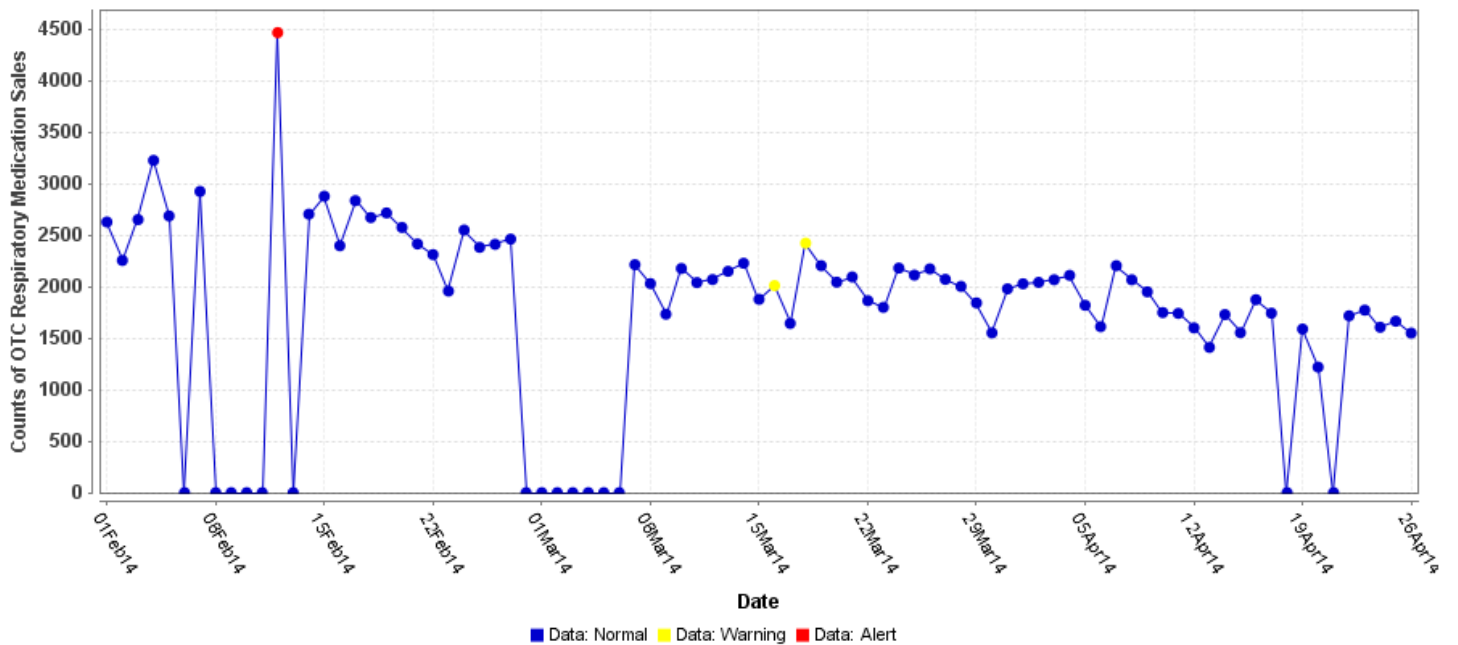


*Includes 2014 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.

OTC Respiratory Medication Sales



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of January 24, 2014, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 650, of which 386 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (H7N9): The Centre for Health Protection (CHP), Hong Kong, SAR, China and the National Health and Family Planning Commission (NHFPC) of China recently notified WHO of 2 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus.

Details of the laboratory-confirmed case reported by the Centre for Health Protection (CHP), Hong Kong SAR, China on [13 Apr 2014] are as follows:

- An 85 year-old woman from Hong Kong with underlying medical conditions. She travelled to Dongguan, Guangdong Province, from [4 to 5 Apr 2014] and stayed with a relative who raised chickens. The patient also visited a wet market located near her relatives' home and helped in slaughtering chickens on [4 Apr 2014]. She returned to Hong Kong on [5 Apr 2014], became ill on [11 Apr 2014] and was admitted to a hospital on [13 Apr 2014]. She is currently in a critical condition. The CHP is currently conducting investigations and contact tracing.

Details of the laboratory-confirmed case reported by the National Health and Family Planning Commission (NHFPC) of China on 14 April are as follows:

- A 52 year-old man from Changzhou City, Jiangsu Province. He became ill on [10 Apr 2014], was admitted to a hospital on [13 Apr 2014] and is currently in a severe condition.

NATIONAL DISEASE REPORTS*

PNEUMONIC PLAGUE (USA): 26 April 2014, Below is the New Mexico Department of Health's press release that went out today, 25 Apr 2014. This is the 1st known human plague case in the USA in 2014. The case developed right axillary bubonic plague which progressed to secondary septicemic plague and then to secondary pneumonic plague. Potentially exposed friends, family members and hospital staff are being evaluated and offered antibiotic prophylaxis if indicated. An environmental investigation will be done to look for possible rodent die off in the area due to plague. "The New Mexico Department of Health (NMDOH) is reporting a case of plague in a 57-year-old man from Tarrant County who is currently hospitalized in critical condition. Confirmatory testing is being conducted at the NMDOH's Scientific Laboratory Division. This is the 1st human case of plague in New Mexico and in the USA in 2014. An environmental investigation will take place at the man's home to look for ongoing risk to others in the surrounding area. 'An epidemiologic investigation and an environmental investigation around the home of the plague case are being conducted by NMDOH staff to look for ongoing risk and to ensure the safety of the immediate family and neighbors,' said Department of Health Secretary Retta Ward, MPH. 'Staff will go door-to-door to neighbors near the case to inform them about plague found in the area and educate them on reducing their risk. Health care providers and others close to the patient who have been determined to have been exposed are taking preventive antibiotic therapy.' Plague is a bacterial disease of rodents and is generally transmitted to humans through the bites of infected fleas, but can also be transmitted by direct contact with infected animals, including rodents, wildlife and pets. 'Plague cases have occurred every month of the year in New Mexico, but most cases usually occur in the summer months,' said Dr. Paul Ettestad, public health veterinarian for the Department of Health. 'It is especially important now that it is warming up to take precautions to avoid rodents and their fleas which can expose you to plague. Pets that are allowed to roam and hunt can bring infected fleas from dead rodents back into the home, putting you and your children at risk.' To prevent plague, the Department of Health recommends:

- Avoid sick or dead rodents and rabbits, and their nests and burrows.
- Keep your pets from roaming and hunting
- Talk to your veterinarian about using an appropriate flea control product on your pets as not all products are safe for cats, dogs, or your children.
- Clean up areas near the house where rodents could live, such as woodpiles, brush piles, junk and abandoned vehicles.
- Sick pets should be examined promptly by a veterinarian.
- See your doctor about any unexplained illness involving a sudden and severe fever.
- Put hay, wood, and compost piles as far as possible from your home.
- Don't leave your pet's food and water where mice can get to it.

Symptoms of plague in humans include sudden onset of fever, chills, headache, and weakness. In most cases there is a painful swelling of the lymph node in the groin, armpit or neck areas. Plague symptoms in cats and dogs are fever, lethargy and loss of appetite. There may be a swelling in the lymph node under the jaw. With prompt diagnosis and appropriate antibiotic treatment, the fatality rate in people and pets can be greatly reduced. Physicians who suspect plague should promptly report to NMDOH. In New Mexico, there were 4 human plague cases in 2013 with 1 fatality, 1 human plague case in 2012, 2 human cases of plague in 2011, no cases in 2010, and 6 human cases of plague in 2009, 1 of them fatal." (Plague listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (COLORADO): 23 April 2014, A Garfield County [Colorado] resident is officially the 1st confirmed case of [a] hantavirus [infection] in the area since 2012. There are very few details released on the confirmed case at this point. Officials haven't released information on the status of the patient, or even what city the patient caught the virus in. "Usually what happens is you're cleaning something, and the virus gets put into the air, and you breath it in, and you don't really think much of it," said immunization coordinator for Garfield County Danielle Yost. "Then usually anywhere from a

couple days to a few weeks later you start getting flu like symptoms that rapidly deteriorate into the inability to breathe." Symptoms include muscle aches, fatigue, high fever, dizziness, headaches, chills, nausea, vomiting, diarrhea, and abdominal pain which can eventually lead to death [the fatality results from heart and lung compromise and the disease is termed hantavirus pulmonary or cardiopulmonary syndrome]. Garfield County officials are concerned enough to call for citizen precautions, especially since it's the spring-cleaning season. The county Public Health Department is warning all residents to know how to protect themselves from this potentially deadly disease. The virus is usually carried in the Western Slope by the deer mouse [*Peromyscus maniculatus*]. Officials urge any resident's cleaning out garages, or other areas with rodent droppings or urine, to not sweep the mess but rather pour a bleach and water mix over the affected area. Always wear protective gloves and scoop up the mess with a paper towel. The 1st case of the mysterious disease started back in 1993 in the 4-Corners region of Colorado [southwestern corner of Colorado, northwestern corner of New Mexico, northeastern corner of Arizona, and southeastern corner of Utah], and the hantavirus has now spread across the western hemisphere. HPS was doubtless occurring for a very long time in the broad geographic areas where deer mice occur, but was unrecognized until the 4 Corners outbreak when Sin Nombre hantavirus was identified as the etiological agent involved. Rather than geographic spread, what has increased is recognition of the disease and ability to detect the virus. The CDC reports a 36 percent mortality rate for those with the disease [HPS]. "There is no vaccine, no medication for it, your body basically has to fight it off on its own," said Yost. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

YERSINIOSIS, CAMPYLOBACTERIOSIS (FINLAND): 26 April 2014, The 1st results from milk samples at a farm in Askola, Finland taken 7 Apr 2014 revealed *Yersinia pseudotuberculosis* and *Campylobacter jejuni*. The number of people who drank milk from Uljaan tilamaito and experienced symptoms has increased in Porvoo and in the neighboring municipalities (Askola, Lovisa, Borgnas and Sipoo). There are now 19 confirmed cases of yersiniosis. *Campylobacteriosis* has so far been isolated from a total of 8 people. Investigations are still ongoing for about 20 people. Uljaan tilamaito pulled away all unpasteurized milk from the shops in early April 2014. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

EBOLA VIRUS DISEASE (GUINEA): 25 April 2014, As of 18:00 on 23 Apr [2014], the Ministry of Health (MOH) of Guinea has reported a cumulative total of 218 clinical cases of Ebola virus disease (EVD), including 141 deaths. To date, 191 patients have been tested for ebolavirus infection and 115 cases have been laboratory confirmed, including 72 deaths. In addition, 42 cases (34 deaths) meet the probable case definition for EVD and 61 cases (35 deaths) are classified as suspected cases. A total of 26 health care workers (HCW) have been affected (18 confirmed), with 16 deaths (12 confirmed). Clinical cases of EVD have been reported from Conakry (58 cases, including 24 deaths), Guekedou (127/91), Macenta (22/16), Kissidougou (6/5), Dabola (4/4) and Djingaraye (1/1). Laboratory confirmed cases and deaths have been reported from Conakry (37 cases, including 19 deaths), Guekedou (63/41), Macenta (13/10), Kissidougou (1/1) and Dabola (1/1). The date of onset of the most recent clinical case, a suspected case, is 23 Apr [2014] while the date of isolation of the most recent confirmed case is 22 April. Two new deaths have also been reported among existing cases; one of the deaths was a patient with confirmed EVD. A total of 13 patients are in isolation in Conakry (6 patients, 5 confirmed), Guekedou (7 patients, all confirmed). Contact tracing activities continue in all affected areas. Overall, the epidemiological situation in Guinea has improved significantly over the last few weeks. The date of onset of the last reported case from Macenta was 24 days ago [1 Apr 2014] and a similar time has elapsed for Dabola (25 days), Kissidougou (26) and Djingaraye (31 days). Two incubation periods (42 days) without cases is the standard for declaring an EVD outbreak over in a particular location. The focus of response activities at present includes clinical case management and ongoing training in hospital-based infection prevention and control (IPC). A documentary will be made on the Medecins Sans Frontieres (MSF) isolation facility in Guekedou. WHO, in collaboration with the Global Outbreak Alert and Response Network (GOARN), has mobilized a new medical team comprising of IPC and intensive care physicians in support of the clinicians at the Donka Hospital in Conakry. The numbers of cases and contacts remain subject to change due to consolidation of case, contact and laboratory data, enhanced surveillance activities and contact tracing activities. The Centers for Disease Control and Prevention (CDC), Atlanta, United States, has arrived in Guinea to further strengthen diagnostic capacity for EVD by retesting patients who were polymerase chain reaction (PCR) negative by ebolavirus serology. The cross-border meeting on EVD response between the governments of Guinea and Liberia was successfully hosted by the Guinean government, attended by 25 participants from delegations from both countries. The overall objective of the meeting was to strengthen epidemiological surveillance and the follow up of contacts along the borders of the two countries in order to stop transmission of EVD. Key actions for implementation include: development of an action plan on the cross-border response to EVD; strengthening coordination of cross-border activities with engagement of local authorities; sharing information on the cross-border movement of suspected cases of EVD; reinforcing community awareness of EVD and ways to reduce personal and community risk of disease; and reinforcing active surveillance and contact tracing along the border as needed. As the incubation period for EVD can be up to 3 weeks, it is likely that the Guinean health authorities will report new cases in the coming weeks and additional suspected cases may also be identified in neighbouring countries. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (MYANMAR): 25 April 2014, Around 270 people in Pegu [Bago] Division have been hospitalized with foodborne illness after eating milk-noodle soup at a Buddhist coordination ceremony in the town of Thegon on Mon 21 Apr 2014. A local resident told DVB that children were the first to suffer from stomach problems after eating the soup, which was served en masse to the novice monks and attendees as part of an alms ceremony. "The children ate first and some of them immediately fell ill," he said. "Then the adults who were eating began experiencing the symptoms of food poisoning." He added that the novices who were being ordained escaped unscathed as they declined to eat when they saw the effects on the laypersons at the gathering. He said that those with serious conditions were transported to Thegon Public Hospital while 70 others with mild symptoms were treated at a local medical clinic in nearby Inbinhla. A villager who was hospitalized after eating the soup said, "I ate one bowl of noodles, and after about an hour and a half I felt terrible cramps in my stomach. I had to be rushed to the hospital." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

MERS-COV (SAUDI ARABIA): 22 April 2014, In the context of the work of epidemiological investigation and ongoing follow-up carried out by the Ministry of Health for the MERS-CoV and after briefing the National Scientific Committee for Infectious Diseases on the results of laboratory tests of the cases and discussion of the cases, the Ministry announces the registration of 12 cases of MERS-CoV, and 5 cases [of MERS-CoV infection] in contacts of known confirmed cases.

- The 1st case is a 45 year old female resident in Jeddah who works in the health field. She has been isolated due to suspicion of MERS-CoV infection 2 weeks ago and had repeated samples taken, with confirmation occurring today. She is receiving intensive care treatment.
- The 2nd case is a 90 year old female resident in Jeddah receiving intensive care treatment.
- The 3rd case is a 52 year old male citizen in Jeddah who is in stable condition.
- The 4th case is a 60 year old male citizen in Jeddah who is in stable condition.

- The 5th case is a 42 year old male citizen in Jeddah who is asymptomatic.
 - The 6th case is a 24 year old male citizen in Jeddah, a known contact of confirmed cases and is asymptomatic.
 - The 7th case is a 17 year old female for citizenship [?] who is a known contact of a confirmed case and is asymptomatic.
 - The 8th case is a 61 year old male citizen in Riyadh who suffers from several diseases and is in stable condition.
 - The 9th case is an 81 year old male citizen in Riyadh who suffers from several chronic diseases and is in stable condition.
 - The 10th case is a 78 year old male citizen in Riyadh who suffers from several chronic diseases, and is receiving intensive care treatment.
 - The 11th case is a 79 year old female [?] for citizenship in Riyadh, who suffers from several chronic diseases and is receiving intensive care treatment.
 - The 12th case is an 89 year old female [?] for citizenship who suffers from several chronic diseases and is receiving intensive care treatment.
 - The 13th case is a 73 year old male citizen in Riyadh, who suffered from several chronic diseases and has passed away.
 - The 14th case is a 41 year old male resident in Tabuk region who is receiving intensive care treatment.
 - The 15th case is an 18 year old male citizen in Medina who is a contact of known confirmed cases and is asymptomatic.
 - The 16th case is a 25 year old female in Medina 'of citizenship mixing [?]' with a confirmed case and is asymptomatic.
 - The 17th case is an 11 year old male citizen in Medina known contact of confirmed cases who is asymptomatic.
- Similarly the Ministry is announcing the death of a confirmed case (previously announced) who was a 54 year old citizen in Jeddah.

SALMONELLOSIS (CUBA): 21 April 2014, Thomas Cook (a large travel service) has confirmed 29 cases of "mild illness" [of salmonellosis] reported by guests staying at the Hotel Playa Pesquero in Cuba in the 1st 2 weeks of April 2014. "This represents just 1.5 percent of the overall hotel population of 1800," the operator said. "The 29 cases were a mixture of Thomas Cook customers and other tour operators; the Thomas Cook customers were offered every assistance by our dedicated resort team. "All were treated on site, with 2 receiving attention at the hotel clinic for dehydration." The operator disputed allegations made by holiday illness compensation specialists Your Holiday Claims that 80 percent of holidaymakers had fallen ill due to an outbreak of salmonellosis at the hotel. Cook said the cause of the outbreak is under investigation. Your Holiday Claims alleged that many British holidaymakers had been taken to hospital during their stay. Many were believed to be on saline drips for severe dehydration after being violently ill, the law firm said. Cook responded by saying: "We are aware that a statement was recently issued by a no-win, no-fee lawyer. This repeated as yet unsubstantiated allegations, and we consider this to be deeply irresponsible. We ask any customers who may have concerns relating to their holiday to contact us directly and as quickly as possible so that we can deal with them personally in an open, honest and fair manner." Cook added that it was working closely with management at the Hotel Playa Pesquero to ensure that internationally recognised Prevention of Spread of Infection (POSI) procedures are in place. "We will continue to follow the rigorous processes to establish the cause of the illness reported to our staff as this investigation continues," the company said. Cook said that its legal team has yet to receive any correspondence from customers or their legal representatives regarding alleged illness at the hotel. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

Maryland's Resident Influenza Tracking System: <http://dhmm.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

| Syndrome | Definition | Category A Condition |
|----------------------------|---|----------------------------------|
| Botulism-like | <p>ACUTE condition that may represent exposure to botulinum toxin</p> <p>ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy.</p> <p>ACUTE descending motor paralysis (including muscles of respiration)</p> <p>ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.</p> | Botulism |
| Hemorrhagic Illness | <p>SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola</p> <p>ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF</p> <p>ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria</p> | VHF |
| Lymphadenitis | <p>ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)</p> | Plague (Bubonic) |
| Localized Cutaneous Lesion | <p>SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia</p> <p>ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia</p> <p>INCLUDES insect bites</p> <p>EXCLUDES any lesion disseminated over the body or generalized rash</p> <p>EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease</p> | Anthrax (cutaneous) Tularemia |
| Gastrointestinal | <p>ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract</p> <p>SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis</p> <p>ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea</p> <p>EXCLUDES any chronic conditions such as inflammatory bowel syndrome</p> | Anthrax (gastrointestinal) |

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

| Syndrome | Definition | Category A Condition |
|--------------------|---|--|
| Respiratory | <p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p> | <p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p> |
| Neurological | <p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p> | Not applicable |
| Rash | <p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p> | Smallpox |
| Specific Infection | <p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p> | Not applicable |

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

| Syndrome | Definition | Category A Condition |
|---|--|-----------------------------|
| Fever | <p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p> | Not applicable |
| Severe Illness or Death potentially due to infectious disease | <p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p> | Not applicable |

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmf.maryland.gov